DOCUMENT RESUME

ED 229 997 EC 152 564

AUTHOR Whitted, Brooke R.; And Others
TITLE Interagency Cooperation: Miracle or Mirage? A Study of Interagency Cooperation in the Delivery of Special Education and Related Services.
INSTITUTION Educational Information Planning Associates, Inc., Skokie, IL.
PUB DATE Apr 83
NOTE 42p.; Paper presented at the Annual International Convention of The Council for Exceptional Children (61st, Detroit, MI, April 4-8, 1983).
PUB TYPE Speeches/Conference Papers (150) -- Reports - Evaluative/Feasibility (142)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS *Agency Cooperation; *Cooperation; *Disabilities; Elementary Secondary Education; *State Departments of Education; *State School District Relationship
IDENTIFIERS Indiana; Louisiana; Wisconsin

ABSTRACT

The report examines systems developed by Indiana, Wisconsin, and Louisiana to monitor interagency coordination of educational related services for handicapped children. The background and development of special education legislation in each of the three states are reviewed along with the structure of the state education agency (SEA). Each state is also addressed in terms of the SEA's primary role, monitoring systems (largely on-site visits), and structures developed to promote interagency cooperation on both the state and local levels. The importance of interagency cooperation is highlighted by a discussion of residential placement decisions which are made by agencies other than the SEA in Wisconsin and Louisiana. Barriers (such as lack of guidance from state level agencies and budgetary concerns) to interagency cooperation are considered together with facilitators (including community involvement and local initiative). The report concludes with recommendations for improving cooperation at the state, state/local, and local levels. Some of the seven elements seen to be necessary for developing effective interagency cooperation include clear cut delineation of responsibility, continuing evaluation and identification of benefits for all participating agencies, and mechanisms for resolving disputes through minimizing confrontations and maximizing negotiations. (CL)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED229997

EDUCATIONAL INFORMATION PLANNING ASSOCIATES, INC.
5360 FARGO AVENUE • SKOKIE, ILLINOIS 60077 • (312) 675-2140

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)

✓ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

INTERAGENCY COOPERATION: MIRACLE OR MIRAGE?

A Study of Interagency Cooperation in the Delivery of Special Education and Related Services

By:

*BROOKE R. WHITTED, J.D.
MATTHEW D. COHEN, J.D.
LAURA KATZ, A.C.S.W.

*Brooke R. Whitted and Matthew D. Cohen are attorneys practicing with the law firm of Canel, Aronson & Whitted in Chicago. Laura Katz is a Project Consultant for Educational Information Planning Associates, a consulting firm located in Skokie, Illinois.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Matthew Cohen

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

EC152564

TABLE OF CONTENTS

		Page
I.	INTRODUCTION	1
	A. OUTLINE	2
	B. BACKGROUND	3
	1. Development of Special Education Laws	3
	2. Relevant Agency Structure	6
II.	SEA'S ROLE	9
	A. INDIANA	9
	B. LOUISIANA	11
	C. WISCONSIN	12
	D. SUMMARY	13
III.	STRUCTURES TO FACILITATE INTERAGENCY COOPERATION	14
	A. STATE LEVEL	14
	1. Indiana	15
	2. Louisiana	17
	3. Wisconsin	19
	B. LOCAL LEVEL	21
	1. Indiana	21
	2. Louisiana	23
	3. Wisconsin	23

IV. RESIDENTIAL PLACEMENT..... 26

A. INDIANA..... 26

B. LOUISIANA..... 28

C. WISCONSIN..... 29

V. BARRIERS AND FACILITATORS TO INTER-AGENCY COOPERATION..... 29

A. BARRIERS..... 29

B. FACILITATORS..... 31

C. PROPOSED SOLUTIONS..... 32

VI. RECOMMENDATIONS..... 34

VII. CONCLUSION..... 36

Glossary of Acronyms

INTERAGENCY COOPERATION: MIRACLE OR MIRAGE?

A Study of Interagency Cooperation in the Delivery of Special Education and Related Services

By:

BROOKE R. WHITTED, J.D.
MATTHEW D. COHEN, J.D.
LAURA KATZ, A.C.S.W.

I. INTRODUCTION

The principles of P.L. 94-142 are based on the understanding that many handicapped children have a multiplicity of needs which prevent them from reaching their optimal levels of personal, social, and economic independence.[1] In the face of poorly coordinated services, many handicapped children will not receive the services they require and, as a result, may not achieve their full potential.[2]

The solution offered by the Education of All Handicapped Children Act was to mandate that the State Education Agency (SEA) assume responsibility for all educational programs for handicapped children, including programs administered by any other public agency. 34 C.F.R. 300.600. The SEA must assure the needed continuum of services for each handicapped child.

This report will examine the mechanisms developed in Indiana, Wisconsin, and Louisiana in response to the P.L. 94-142 mandate for interagency coordination. It will explore how the efficiency of special education and related services delivery can be increased through interagency cooperation and how a comprehensive program of services for each handicapped child can be provided through various methods of interagency cooperation. The interagency cooperation referred to in this report is

---

1 Crosson, "Education, Related Services and the System of Handicapped Human Services: An Argument for Reform," 3 Counterpoint 28 (November 1982).

2 Id.

the coordination of efforts between educational and non-educational agencies, state and local, in providing the continuum of services for handicapped children.

The SEA can fulfill its function by assuming a supervisory, monitor, and/or coordinator-implementor role. All of the SEA's engage in monitoring of the educational programs for the handicapped children but in differing degrees of aggressiveness. In addition to its monitoring role, the SEA in each state can be given a primary characterization. Indiana's SEA has mainly a supervisory and oversight function. In Louisiana, the SEA is involved in both supervisory and implementor activities. Finally, Wisconsin's SEA serves a supervisory role.

The primary strategies for interagency cooperation in Indiana and Wisconsin are formal written agreements. In Louisiana, a special school district responsible for statewide public placements and an extensive regulatory framework requiring interagency agreements promote interagency cooperation.

A. OUTLINE

This report will examine the development of special education laws and programs and the relevant agency structures in the three states studied. A description of the SEA's primary role, its monitoring mechanisms, and the structures used to facilitate interagency cooperation will follow. The need for interagency cooperation will then be illustrated by a discussion of residential placement in the different states. In conclusion, the barriers and facilitators to interagency cooperation will be examined, followed by recommendations for improving interagency cooperation.[3]

---

[3] The authors note that the sources of information for this work include the results of normative research -- a series of confidential interviews together with reviews of confidential documents that provide "insiders" views of interagency cooperation. We regret that due to the confidential nature of this research, we are unable to disclose many of our sources.

B. BACKGROUND

1. Development of Special Education Laws

Various factors have acted as catalysts for the development of special education laws. Advocacy groups for the handicapped have played an important role in the states examined. In both Wisconsin and Louisiana, litigation on behalf of handicapped children has facilitated development of special education programs.

The enactment and implementation of P.L. 94-142 had a positive influence on the growth of the State educational agency in Louisiana, unlike the situation in Indiana and Wisconsin. The task of implementing P.L. 94-142 was only an additional complication to Wisconsin's history of difficulties in implementing its own state special education statute, Chapter 115. The Panitch[4] case led to pressure in the state legislature in 1973 to pass Chapter 115 which mandates educational services for exceptional children.

In the Panitch decision, the court ordered the defendant state superintendent to submit reports to the federal court detailing, among other things, the incidence of exceptional children and the extent of compliance with Chapter 115. Identification, placement, and programming of these children were of particular concern.

---

4 Panitch v. State of Wisconsin, 444 F. Supp. 320 (E.D. Wis. 1977). Class action was brought on behalf of handicapped children of Wisconsin for declaration that the policies and practices of defendant state and local school district officials denied them education at public expense in violation of the equal protection clause. HELD that (1) delay in implementing Wisconsin statutes relating to the education of handicapped children showed the necessary intentional discrimination required in equal protection actions; (2) plaintiff class was entitled to declaration that defendants had collectively violated their rights to equal protection; and (3) injunctive relief was required to compel defendants to identify and promptly provide all members of class with education at public expense which was sufficient to their needs and generally equivalent to education provided to non-handicapped children.

Along with this reporting requirement, several other complications acted as factors in the formation of special education programs in Wisconsin. A Letter of Non-compliance allegation was filed by the federal government's Office of Civil Rights against the Central Wisconsin Center for the Developmentally Disabled in Madison for failure to provide appropriate special education for all eligible children residing at the facility. This allegation has been used as a framework for attempted planning between the Department of Public Instruction and the Department of Health and Social Services.[5]

In Indiana, the major catalysts for the development of the special education laws were the advocacy groups. The Council of Volunteers and Organizations for the Handicapped (COVOH), along with other advocacy groups, such as the Indiana Association for Retarded Citizens, was instrumental in passing the Indiana mandatory special education bill in 1969,[6] which was later revised to comply with P.L. 94-142. COVOH worked during the 1970's to obtain the necessary appropriations for effective implementation of the Indiana legislation. It remains active in influencing and monitoring the General Assembly on special education issues.

Louisiana also has a long history of political support for handicapped citizens, but other catalysts for the development of special education in Louisiana include the efforts of advocacy groups, the passage of

---

5 The Wisconsin Department of Public Instruction has also been found to be in non-compliance by the U.S. Department of Education and Office of Special Education, and was to be in compliance with federal regulations by September 1, 1980.

6 Ind. Code §20-1-6-14 (1982 Supp.)

P.L. 94-142, the Gary W. case[7], and the Lombardo report, a study of education in the state correctional facilities. All of these factors led to the creation of a statewide school district. Extensive state regulations pertaining to interagency agreements were passed.

In response to P.L. 94-142, the Louisiana Office of Special Education (OSE) was expanded from three employees, prior to 1975, to over 100. Prior to P.L. 94-142, the OSE had been understaffed and ignored, but after P.L. 94-142, it took on new responsibilities and clout. In addition to the expansion of OSE, the initiatives of other state agencies, particularly the Department of Corrections and Department of Health and Human Resources, were important in providing more services to handicapped children.

Finally, two other catalysts contributed to the improvement of special education in Louisiana, the Gary W. case and the Lombardo report. In the Gary W. case, the court ordered DHHR to provide more services to handicapped children. In response, DHHR instituted state-wide plans to create more group homes, as well as to establish case management and other services. The Department of Education also provided new services as part of its attempt to avoid further litigation. The Lombardo report, discussed in greater depth below, was highly critical of the services provided to institutionalized children in Louisiana.

---

7 Gary W. v. State of Louisiana, 437 F. Supp. 1209 (E.D. La. 1976). Action instituted to challenge adequacy of treatment programs in out-of-state institutions for the mentally retarded, physically handicapped and delinquent children from Louisiana. HELD that each child has a constitutional right to treatment that will afford him a reasonable chance to acquire and maintain those life skills that enable him to cope as effectively as his own capacities permit with the demands of life.

2. Relevant Agency Structure

The Indiana Department of Public Instruction (DPI) is designated as the SEA.[8] The Special Education Division is a division of the DPI. The Indiana State Board of Education is divided into three commissions, a commission on general education consisting of six appointive members and the State Superintendent of Public Instruction, a commission on textbook adoption, and a commission on teacher training and licensing.[9] The Commission on General Education is the all powerful authority on educational placement questions.

The relevant non-educational agencies are the Department of Mental Health (DMH), the State Board of Health (SBH), the Department of Corrections (DOC) and the Department of Public Welfare (DPW).

In Louisiana, the State Board of Elementary and Secondary Education (BESE) has ultimate responsibility for the education of handicapped children.[10] The Department of Education (DOE), the designated SEA, reports to BESE and is responsible for the administration of all educational programs, handling of funds, LEA evaluation and entering into interagency agreements.[11] The BESE generally supports DOE in its decisions regarding special education. The OSE, a subdivision of DOE, provides information and technical assistance to the LEAs and monitors them. The Office of Vocational Programs (OVP) is a subdivision of DOE responsible for the administration of the vocational programs in the

---

8 Commission on General Education, Indiana State Board of Education, Rule S-1, Rules, Regulations and Policies, §1, II (1978) [hereinafter cited as Rule S-1].

9 Ind. Code §20-1-1-1 (1976)

10 Office of Special Education, Louisiana State Department of Education, Regulations for Implementation of Act 754, §101 (1981) [hereinafter cited as La. Regs.]

11 Id., §201.

state. Louisiana also has three state board special schools to provide residential care for the deaf, visually impaired, and the orthopedically handicapped.[12]

The other relevant agencies in Louisiana are the Department of Health and Human Resources (DHHR), which controls all residential placements and related services, The Department of Corrections, and the Division of Mental Health (DMH), which controls all mental health services through its Office of Hospitals (OH), Office of Human Development (OHD), Office of Mental Retardation (OMR).

In Wisconsin, the state superintendent holds an elective, constitutional office and is the chief officer within the educational structure, the Department of Public Instruction (DPI); there is no state-level board of education. The Department of Public Instruction is divided into various divisions including the Division for Handicapped Children (DHC). The DHC is further divided into the Bureau for Children with Physical Needs (BCPN), Bureau for Exceptional Children (BEC), Wisconsin School for the Deaf and Educational Service Center for the Hearing Impaired (WSD), and the Wisconsin School for the Visually Handicapped and Educational Service Center for the Visually Impaired (WSVH).

According to the Wisconsin Rules,[13] the direct service providers on the local level include the school district, the County Handicapped Children's Education Board (CHCEB), the Cooperative Agreement (66.30), and the Cooperative Educational Service Agency (CESA). It should be noted that the Wisconsin Rules include a district, CESA, or CHCEB in the definition of a local educational agency (LEA).[14] Furthermore, the definition of Public Agency in the 1981 Wisconsin State Plan includes school districts, CESA's, CHCEB's, Department of Health and Social Services' state operated programs and the Department of Health and Social Services

---

12 Id., §701.

13 Wis. Admin. Code §PI 11.11 (1978).

14 Id., PI 11.01(2)(f)(20).

Community 51.42/.437 Boards.[15] In cooperation with the LEA, CESA is authorized to offer special education programs, employ and train staff, etc.[16]

The 13 CHCEB's in the state have been established by the county board of supervisors of the county in which they are located. The CHCEB establishes and provides special education programs for handicapped children in the districts of that county. It may contract with a CESA, a school district board, or an instructional public agency in the county for administrative or instructional services.[17] The CHCEB has the power of taxation.[18]

Cooperative Agreements (66.30) are special education programs operated by two or more districts or CHCEB's through that agreement and administered by a director employed under it.

The other agency relevant to interagency cooperation is the Department of Health and Social Services (DHSS). The Secretary of DHSS is appointed by the governor and therefore holds a cabinet level office. Although DHSS is in the process of reorganization, the DHSS presently is divided into various divisions which include the Division of Community Services, the Division of Corrections, and the Division of Vocational Rehabilitation. The Division of Vocational Rehabilitation is divided into several bureaus, including the Bureau for the Blind.

---

15 Wisconsin Department of Public Instruction, Fiscal Years 1981-1983, Amended Annual Program Plan Under Part B, Education of the Handicapped Act as Amended by P.L. 94-142, J-135 (1981) [hereinafter cited as Wisc. State Plan 1981-83].

16 Wis. Stat. Ann. §115.83 (West Supp. 1982-1983).

17 Id., §115.86.

18 Id., §115.86(9).

The local delivery system is made up of the county social services and the DHSS 51.42/.437 community boards, occasionally combined into the Human Service Board. The county social services board operates and funds programs that place children for the primary purpose of care, treatment, or habilitation.[19]

II. SEA'S ROLE

In response to P.L. 94-142's mandate that the SEA assume responsibility for all educational programs for handicapped children, the SEAs have taken supervisory, monitoring, and/or coordinating roles. Each of the states studied manifested its own unique balance among these roles.

A. INDIANA

The DPI in Indiana has a supervisory and oversight function over educational programs for handicapped children. These functions are evident in its administrative procedures for supervision of educational programs of handicapped children, its leadership role in Indiana's child identification program, and its role regarding the Comprehensive System of Personnel Development (CSPD).

The administrative procedures involve transmitting the Annual Program Plan to LEAs and other state agencies responsible for the education of handicapped children together with a memo from the superintendent of public instruction stipulating that strict adherence of each agency is required by law. DPI is responsible for informing public agencies of their obligations to insure the implementation of required procedural safeguards for the handicapped children served by them. Procedures used by DPI to this end include transmitting the final regulations under Part B, Educational of the

---

19 Except for handicapped children under the age of three, no child is placed by DHSS for the purpose of education. Placement is made for the purpose of care, treatment, or habilitation. All placements into the DHSS programs must be made through DHSS; education agencies may not place children or youth into DHSS programs. Division of Community Services, Wisconsin Department of Health and Social Services, Rules for Licensing Child Welfare Institutions, DW-C4-40.54(10) (March, 1971).

Handicapped Act, Indiana's Rule S-1, DPI's informational package, and DPI's sponsored workshops and meetings regarding implementation of P.L. 94-142.

DPI has a supervisory role regarding child identification programs, in which it reviews descriptions of referral systems which the LEAs must submit to DPI. With respect to CSPD, DPI also coordinates the development, implementation and evaluation of activities in the personnel development plan, in which the State Advisory Council assists DPI.[20]

In addition to DPI's supervisory function, a rather active monitoring role is assigned to DPI by the FY 1981-1983 State Plan and the Indiana Regulations.[21] In addition to review of LEAs' annual applications for P.L. 94-142 funds, complaint resolution procedures, and the Program Review Process, there are provisions for monitoring in the written agreements between DPI and DMH, SBH, and DOC.[22]

---

20 Division of Special Education, Indiana Department of Public Instruction, Fiscal Years 1981-1983, State Plan for Part B of the Education of the Handicapped Act as Amended by P.L. 94-142, 31 [hereinafter cited as Ind. State Plan 1981-83].

21 Ind. State Plan 1981-83, supra note 19 at 56-57, 74; Rule S-1, supra note 7, §6, §7.

22 It must be noted, however, that despite DPI's active monitoring role, all decisions in the area of due process hearings, complaint resolution procedures, LEA application approvals, and placement under Rule S-5, are appealable to the Commission on General Education. Appeals are often made to the commission. Commission on General Education, Indiana State Board of Education, Rule S-5, Regulations for the Attendance of Handicapped Children in Private In or Out-of-State Special Schools (1978) [hereinafter cited as Rule S-5]. See notes 54 and 56, and accompanying text, infra. Complaints regarding the implementation of Rule S-1 are investigated by the Division of Special Education and failure to achieve compliance can theoretically result in withholding of state and federal funds. See Rule S-1, supra note 8, §7.

The program review process includes collection of data and reports from LEAs, on site visits every three years, audit of federal funds utilization, and a comparison of a sampling of IEPs with the programs actually being provided.[23] DPI then makes final program approval recommendations. The on-site visits, although a major component of the process, are being deleted due to budget reductions. Thus, the effectiveness of the review process may be diminished.

In addition to the reductions in the monitoring of LEAs, DPI continues to monitor other state agencies to an even lesser extent. For example, the monitoring of SBH and DMH programs is not extensive and is limited by resentment by these agencies of DPI's monitoring function. Pursuant to the written agreement between SBH and DPI, there is an on-site visit at the state schools every three years by a team to which both agencies agree. Ongoing monitoring of the programs is done by the Handicapped Division of SBH. But even though the written agreement made SBH ultimately responsible to DPI, there are reservations regarding DPI's monitoring role because of its lack of expertise regarding the education of the deaf and the blind. SBH considers DPI monitoring of SBH schools unnecessary.

A similar resentment exists toward DPI monitoring of DMH programs. Joint monitoring of DMH programs occurs through visits of community health organizations. DPI's responsibility for monitoring and evaluating programs at state hospitals is not extensively carried out.

B. LOUISIANA

In Louisiana, the DOE fulfills both a general supervisory role like the DPI in Indiana but also acts as an implementor. The DOE takes an active role in providing education directly to handicapped children. The DOE is strongly in favor of special education and is supported in this view by BESE.

The DOE carries out its supervisory and implementing functions by various means. Through the OSE, it monitors the LEAs and provides technical assistance to them. The DOE participates in interagency negotia-

---

23 Ind. State Plan 1981-83, supra note 20 at 74-76; Rule S-1, supra note 7, §7.

tion of agreements and acts as an arbitrator of inter-division disputes. Furthermore, the DOE lobbies for special education funding increases along with DHHR.

In conjunction with the superintendent and through OSE, DOE monitors and evaluates the LEAs.[24] OSE assumes an active role in the monitoring and evaluating of the LEAs; over 50 per cent of LEAs have on-site evaluations yearly. However, OSE rarely uses its power to insure compliance by cutting off funds. OSE generally has good working relationships with LEAs and prefers to work with the LEAs through negotiation and by offering technical assistance to effect compliance. This cements LEA-OSE relations, enhances cooperation, and reduces battles concerning jurisdiction.

The means used by OSE to perform its monitoring function include collection of data and reports, on-site visits, review of federal fund utilization, review of IEP's, review of "least restrictive environment" issues, issuance of formal compliance documents, and institution of a complaint management system.[25] However, OSE's monitoring and evaluation covers only the educational facilities of Louisiana. The other agencies are not monitored or evaluated as extensively, if at all.

DHRR monitors its own facilities and DOC has no monitoring system. Residential placements create a particular problem because no monitoring of private residential facilities occurs except for a cursory licensing procedure. As a result, such facilities may refuse to admit children without fear of being monitored. Public placements represent a similar problem, even though the Office of Human Development (OHD) of DMH attempts to insure that referrals are accepted by local facilities.

C. WISCONSIN

The role of the Wisconsin SEA, DPI, is best characterized as a supervisory one. DPI has a broad range of responsibilities and duties regarding the

---

24 LA. REV. STAT. ANN. §17:1944 (West 1982); La. Regs., supra note 10 at 35.

25 La. Regs., supra note 10, §301(D).

development of special education programs.[26] DPI's efforts have included public education and informational activities, inservice training, CSPD supervision, and direct consultative activities to the LEAs.

As in other states, DPI in Wisconsin monitors the programs of public agencies educating handicapped children. The Wisc. State Plan 1981-83 states that the DPI/DHC will monitor public agencies responsible for the education of handicapped children and will evaluate the effectiveness of each program in meeting statutory objectives not less than every three years.[27] To meet this commitment, DPI organized site teams to review the identification, evaluation, and placement procedures every three years. The site team is supposed to visit all agencies providing public education to handicapped children. Currently, as a result of budget cutbacks, the number of members comprising site teams are being reduced and cooperatives are being visited rather than each of the over 400 school districts.

In spite of difficulties in implementation, the program supervision and monitoring responsibilities for state operated and supported programs of DHSS have been shifted to DHC. Annual plans of services and enrollment reports are now submitted to DHC.[28] In October, 1978, the administration of P.L. 89-313 programs was transferred from DHSS to DHC.

D. SUMMARY

The SEAs in the states studied appear to have a distinctly more involved and successful role with respect to local school districts than with respect to the other public agencies. Public agencies other than the LEAs appear much more likely to resent SEA's monitoring role.

The on-site visit appears to be an effective component of the SEAs' review process but is also one of the first components to be cut back in response to

---

26 WISC. STAT. ANN., §115/77(4)(a) (West Supp. 1982-1983).

27 Wisc. State Plan 1981-83, supra note 15 at 35.

28 Wis. Stat. Ann. §115.77(3)(d) (West Supp. 1982-1983).

budgetary and staffing problems. In the review process, the SEAs are extremely reluctant to withhold funds to insure compliance.

III. STRUCTURES TO FACILITATE INTERAGENCY COOPERATION

A. STATE LEVEL

To facilitate interagency cooperation in the provision of special education and related services, a variety of approaches have been tried. Among the states studied, written agreements are the most popular mechanism for establishing interagency cooperation, but they vary in terms of the parties to the agreements, their contents, and their implementation. Indiana uses formal state-level written agreements between the DPI and other agencies, in which the parties agree to DPI supervision. Louisiana, on the state level, has a unique Special School District #1, which is responsible for state-wide public placements, and a regulatory structure that requires interagency agreements. Wisconsin also attempts to facilitate interagency cooperation through the use of formal state level agreements.

Louisiana appeared to be most successful in implementing formal agreements. Both Indiana and Wisconsin experienced serious problems in the implementation of their formal state-level agreements but these difficulties appear consistent with the experience of many states -- a recent Rand Note concluded that all states used written agreements, but few found them successful.[29]

As pointed out by LaCour, most written agreements are, at first, too broad to reflect understanding of the regulations of other agencies and of principles of good management or legal practice.[30] The resulting written

---

29 Margaret A. Thomas, Susan J. Reese, "Making Programmatic Decisions During a Time of Fiscal Retrenchment: The Case of Related Services for Handicapped Youth," (Rand July 1982) [hereinafter cited as Thomas and Reese].

30 LaCour, "Interagency Agreement: A Rational Response to an Irrational System," 49 Exceptional Children 266 (November 1982).

document formalizes current practice rather than changing ways of serving people. The situations in Indiana and Wisconsin reflect this process.

1. Indiana

Separate formal written agreements exist in Indiana between the DPI and DMH, SBH, and DOC. Other structures on the state level include the proposed multidisciplinary approach to the education of handicapped children apparent in Rule S-1 and the State Advisory Council.

The written agreements state that DPI will provide each of the agencies with "technical assistance," the terms of which are never defined, and will monitor educational programs for handicapped children, as well.

There is little evidence of active DPI monitoring of DMH programs. The technical assistance referred to in the agreement consists of staff development and establishment of a surrogate parent program. Similarly, there is little actual DPI monitoring of SBH schools. Since the state schools for the deaf, blind, and developmentally disabled were established by SBH and continue to be under its administrative control,[31] the agency believes itself to be autonomous with respect to its institutions. The technical assistance provided by DPI to SBH appears to be limited. Examples include access to a material resource center and out of state consultants.

The written agreement between DOC and DPI establishes that DOC recognizes DPI's power to monitor its educational programs and that DPI is to provide DOC with technical assistance. Yet, a study done by the Educational Information Planning Associates (EIPA) found that as many as 80% of the children in DOC facilities were handicapped and qualified for special education but were not receiving it.[32] The EIPA study further finds that DOC employees operate educational programs for the children in their facilities, but no identification or separation of the handicapped occurs there. DPI is

---

31 Ind. Code §16-7-6.5-1, §16-7-13-1, §16-7-16-1 (1981 Supp.).

32 EIPA study.

responsible for monitoring the programs for educating handicapped children within DOC facilities, but these programs have been found not to exist.[33]

DOC has not been responsive to DPI attempts to provide technical assistance and to establish a surrogate parent program. Various advocates attribute DOC's lack of cooperation to its objective of behavior correction and its lack of concern about whether behavioral problems are due to a handicap.

Rule S-1 provisions give examples of cooperative approaches among agencies in providing special education services to a handicapped child. The Case Conference Committee includes "appropriate specialists if determined by other state schools and/or agencies, who have or will have knowledge of or jurisdiction over the student." [34] The definition of a free appropriate public education includes nonacademic and extracurricular services and activities such as counseling services, health services, and referrals to agencies which provide assistance to handicapped persons.[35] The regulations require that a local school superintendent's considerations for a local program for a handicapped child include "3. A cooperatively planned program with other agencies and/or schools in Indiana...."[36]

The State Advisory Council, appointed by the superintendent of public instruction, includes the commissioners of SBH and DMH. The council's duties include recommending approval or disapproval of LEA plans and studying issues relating to the education of handicapped children. In reality, however, the State Advisory Council is a policy and rule making body and does not have any responsibility or authority regarding interagency cooperation.

---

33 Id.

34 Rule S-1, supra note 7, §1D.

35 Id., §1J.

36 Rule S-5, supra note 22, §2B.

In sum, then, the existence of formal agreements did not have a significant impact on the absence of cooperation in Indiana.

2. Louisiana

Louisiana has created a statewide school district, Special School District Number One (SSD#1), to provide education and related services to children not served by the LEA.[37] Furthermore, Louisiana has an extensive formal interagency cooperation system. Mandatory and optional agreements between agencies facilitate cooperation. There is also a requirement that DOE and DHHR work together on residential placements.

The structure for interagency cooperation is set out in Part 800 of the Regulations. Optional and mandatory agreements are described and the mandatory content of each agreement is specified.[38] Each agreement must contain a statement of disparate governances being dealt with by the parties, reasons for the agreement, each party's specific responsibility, applicable standards for each party, methods for data exchange, statements regarding child search and confidentiality, monitoring and evaluation, duration of the agreement, and the process for amending the agreement.[39] It is interesting that the exact sections which are described as mandatory in the Louisiana Regulations are among the characteristics of good, useful agreements listed by LaCour in his analysis of interagency agreements.[40]

DOE, like SSD#1 has interagency agreements with DOC and DHHR in order to centralize coordination and facilitation of services. The Regulations also provide for cooperation in the area of residential placements by specifically requiring that a representative of SSD#1 be present on the DHHR team that determines residential

---

37 La. Regs., supra note 10, §600.

38 Id., §§830, 840, 850.

39 Id., §840.

40 LaCour, supra note 30 at 266.

placement.[41] This requirement is to insure that the educational needs of the child are considered during the placement decision.

Of the states studied, Louisiana seems to be the most successful in implementing its formal agreements. The state level agreements between DOE and DHHR are generally enforced. The agencies are at the same level in the state's infrastructure and, through their exchange of personnel from one agency to another, have created a common "mindset."

The agreements between SSD#1 and subdivisions of DHHR generally enhance interagency coordination, in part because these agreements specifically delineate each agency's responsibilities. Since SSD#1 has centralized authority over the education and related services of children under its control, services are provided quickly and effectively. SSD#1 has the authority to control and modify both education and services, and interagency coordination is thereby enhanced. Coordination is also enhanced through DOE's support of SSD#1 and the common mindset between SSD#1 and DHHR.

Less successful is the interaction on the state level with DOC and with the Vocational Technical Schools. Agreements exist between DOE and DOC and SSD#1 and DOC. However, they lack support as well as enforcement authority and, thus, are not well implemented. Since DOC lacks centralized authority, DOE and SSD#1 have to deal with each correctional facility separately. SSD#1 has no authority to control DOC, therefore its monitoring is rather ineffective. DOC employs its own teachers and related service providers. Those under 21 years of age in correctional facilities often receive little if any special education.

The problem with Vocational Technical schools is their ability to reject any child under 16 years of age. Even if a child's IEP requires vocational technical training, the VT schools often reject handicapped students (especially emotionally disturbed ones) despite their agreements with DOE. Thus, the agreements between DOE and Vocational Technical are not enforced.

---

41 La. Regs., supra note 10, §630.

3. Wisconsin

In Wisconsin, the state-level structures for the facilitation of interagency cooperation consist mainly of written agreements between agencies, provisions in the Regulations acknowledging potential interagency coordination, and an agreement for sharing resources between DPI and BCPN.

Among the state-level agreements in Wisconsin is the "Memorandum of Understanding" of August 23, 1977, an informal agreement between DPI and DHSS. It was entered into as a means to induce cooperation in serving children with exceptional educational needs (EEN) in both agencies. Its implementation has suffered, however, partly because of its informal nature and partly because it consists of only general assurances of intent to cooperate.

The two formal state-level agreements are between DPI, DHC, and the DHSS Division of Vocational Rehabilitation (DVR) (signed March 1, 1977), and between DPI, DHC, and Wisconsin Head Start (signed March, 1981). The goal of the former appears to be to grant the local school district referral power to the local vocational rehabilitation agency for further vocational services pursuant to policies and criteria of the DVR.

The goal of the latter agreement is to provide opportunities for young exceptional needs children (ages 3-4) to engage in normalizing experiences with their nonhandicapped peers. The agreement encourages both agencies to cooperate in such areas as identifying children, screening, assessment, and program planning.[42]

---

42 As listed on page 4 of the agreement, local service arrangements may include:

> (1) Placement in a Head Start program with services delivered at the Head Start site by school district staff. These services could include speech therapy, physical or occupational therapy, etc.
>
> (2) A child could be enrolled for part of the day in Head Start and part in an Early Childhood - EEN program.
>
> (3) Shared facilities by separately organized Head Start and Early Childhood - EEN programs. Staff employed by each perform designated responsibili-

An agreement for sharing resources exists between DPI and the Bureau for Children with Physical Needs (BCPN). Education programs are integrated with medical and health education services and medical personnel such as nurses, physical therapists, and occupational therapists are available to DPI. The Social Security Administration funds the program.

The suggested interagency approach in the Regulation is illustrated by the provision on the Placement Process. It dictates that in the event of extenuating circumstances relating to factors beyond providing an appropriate special education program, "the district shall seek close collaboration with appropriate social services, to facilitate meeting the child's total needs."[43]

An important component of interagency cooperation in Wisconsin is the education of handicapped children by DHSS. DHSS operates two mental health facilities, three developmentally disabled centers, and three juvenile correctional facilities. DHSS may also place children in other public or private facilities throughout the state. Handicapped children placed by DHSS may attend school on the premises of the facility, or alternatively, the handicapped child attends the school in the local school district in which the facility is located.[44]

---

ties as a team.

(4) Cooperative arrangements for related services such as special transportation, health and nutrition services, social services, child find.

43 Wis. Admin. Code §PI 11.04(f) (1978).

44 If the facility offers educational services on the premises, the facility must provide the Multidisciplinary Team (M-Team) -- a group of specialists who help identify the handicap of a child and the special education that is necessary. In some cases, the M-team members are not certified to evaluate a particular disability, and the facility must then secure the needed certified personnel from the local district. A difficulty with the use of the M-team as a vehicle for facilitating interagency cooperation is that the Wisconsin Rules limit the official members of the M-team to public school employees, Wis. Admin. Code, P.I. 11.03(3)(c), thereby limiting official input from other sources. For example, if a handicapped child is

B. LOCAL LEVEL

On the local level, the states exhibit wide variation in their structures for the facilitation of interagency cooperation in providing each handicapped child with a comprehensive program of services. Only Louisiana has uniform types of local agreements -- they are mandated by the Louisiana Regulations.

Wisconsin is unique among the states under study in its successful use of formal local interagency agreements. Local arrangements in Indiana and Louisiana have had mixed results in terms of their effectiveness.

1. Indiana

There is a definite lack of formalized agreements or structures for interagency cooperation on the local level in Indiana. Among the existing structures are provisions in Indiana law for the creation of special education cooperatives and informal arrangements between public schools and agencies. These arrangements have developed locally, varying from one school district to the next.

School cooperatives for the provision of special education services are most often formed under the Joint School Service and Supply Act, which allows any two or more school corporations, acting through their respective governing bodies, to engage in joint programs under a written agreement.[45]

The Interlocal Cooperation Act allows various public agencies to join together to create a separate legal entity,[46] which could help the participating

---

suspected of needing a referral to a county social services facility, a professional from that facility could meet with the M-team but would not be an official member of the M-team. Because such professionals are not required to attend, they may not be invited or may refuse to attend when invited.

45 Ind. Code §20-5-11 (1981 Supp.).

46 Ind. Code §36-1-7 (1981 Supp.).

agencies accomplish their objectives. However, neither of the above-mentioned acts has been used to link school districts and local divisions of other agencies. [47]

In some areas, there is successful cooperation locally between the local school district and the local mental health facility. Handicapped children are bused from the mental health facility to the local public school.[48] Severely ill children are tutored in the facilities by public school employees.[49]

The development of Individual Education Programs (IEP's) by the local public school and the community mental health agency for preschool children in the local mental health programs is another example of cooperation between DPI and DMH at the local level. Similarly, an IEP is developed jointly by the community mental health center and the local public school for handicapped children at the age of 18 who have been receiving community mental health services. While this practice was developed using suggestions from the DMH at the state level, the policy decisions were made on the local level. In fact, beyond the provision of special education services for handicapped children in the mental health facilities, a DMH official has stated that there is little pressure placed on the LEAs by the state level of DPI and DMH to develop cooperation locally. Whatever local cooperation has been created stems from initiatives of people on that level, not from state directives.

---

47 The special education cooperatives formed under the Joint School Service and Supply Act consist solely of school corporations. The Interlocal Cooperation Act has not been used for the provision of special education services.

48 The local school corporation is responsible for transportation to schools, Ind. Code §20-1-6-18.2 (1981 Supp.).

49 Thomas and Reese, supra note 29 at 26. According to the Rand Note, July, 1982, this kind of arrangement in which the LEA actually provides educational services to children in state institutions is one of the most common cost-sharing arrangements between agencies.

This approach has resulted in great variation in the degree of cooperation locally, for example, in the case of a handicapped child attending public school but in need of psychological services, the school may merely send the child to the community mental health center for treatment without assuming any financial responsibility. It may also contract with the local mental health facility for consultation or psychiatric services. As a result, according to an advocate of special education services for emotionally disturbed adolescents, it is very probable that the continuum of services required by 34 CFR 300.551 is not available in many of the school cooperatives where interagency cooperation is lacking.

2. Louisiana

In Louisiana, the Regulations govern the existence of local agreements. Each LEA is given the authority to enter into interagency agreements as necessary.[50] However, agreements between the LEAs and mental health centers, SSD#1, and approved nonpublic agencies are of a mandatory nature.[51]

In contrast to the rather successful implementation of interagency agreements on the state level in Louisiana, interagency agreements on the local level are considered policy statements and often lack the support of the LEAs themselves.

As a result, effective cooperation between LEAs and subdivisions of DHHR or DOC is mainly dependent on the leadership of each parish supervisor and the effectiveness of informal relationships among the agencies. The amount and type of involvement by the parish supervisor affects directly the potential for interagency coordination in providing services in that parish.

3. Wisconsin

Although Wisconsin lacks uniformity among local agreements, examples of formal local interagency agreements for the provision of services to handicapped

---

50 La. Regs., supra note 10, §830.

51 Id., §850(b).

children do exist. One is the Madison Public Schools Consortium with the Dane County 51.437 Board, while another example of interagency cooperation is the relationship between the Dane County Juvenile Court and the Sheboygan Area Treatment for Reintegration Through Involvement in Vocation and Education (STRIVE). These agreements stand in notable contrast to the experience of most Wisconsin school systems in working with other local agencies.

Wisconsin schools experience problems locally with county social services, the local component of the DHSS service delivery system. The county social services office is responsible for the operation and funding of care, treatment, or habilitation programs and for the placement of children in these programs. A conflict has developed between county social services and schools regarding payment for day care treatments. Although county social services originally offered day placements, it now contends that day placements are really educational, with financial responsibility therefore resting with the schools. The schools, on the other hand claim that the day treatment centers do not constitute educational placements.

This argument has been rejected in a 1980 federal court case in Wisconsin.[52] In that opinion, the court cites with approval another opinion stating, "that the state educational agency is responsible for the educational placement of handicapped children regardless of what agency delivers the services."[53]

Another complication in Wisconsin interagency cooperation has to do with the county 51.42/.437 Community Board. Upon reaching the age of 18, a child

---

52 M.R. v. Milwaukee Public Schools, 495 F. Supp. 864 (E.D. Wis. 1980). Action brought on behalf of handicapped children challenging proposed termination of day service placements. Plaintiffs moved for preliminary injunction. HELD that motion for preliminary injunction is granted in part and denied in part. Preliminary injunction would issue restraining termination of current placements pending compliance with EHA and other related legislation.

53 Carrillo v. Village of Whitefish Bay, 78-C-690 (E.D. Wis. Jan. 18, 1979), cited in M.R. v. Milwaukee Public Schools.

placed by the county social services will be referred to the county 51 board, which then either assumes responsibility or refers the child to the local public school district for educational services until the age of 21. Sometimes, however, the school refuses to accept the child, forcing placement into another facility or resulting in a denial of services.

Differences in attitudes between schools and DOC facilities results in yet another problem on the local level in Wisconsin. A delinquent child may not get an M-team evaluation upon referral from the local school district to county social services. If the child ends up in a DOC facility, he/she will probably not get an Multidisciplinary Team (M-team) evaluation because DOC views the child's stay as short and the provision of educational services a waste of money.

Despite the difficulties described above, STRIVE and the Madison Public Schools consortium are examples of successful local formal interagency agreements found in Wisconsin. In 1979, the STRIVE program began operating with a combination of P.L. 94-142 funding, district funding, a Mental Health grant, and Social Services provision of social workers. Church and community groups joined the program and youth and Family Aides' money became available.

The composition of the Steering Committee reflects the community involvement in the program. It serves as an advisory committee and is composed of representatives of member agencies, the school board, 51.437 Board, as well as professional and lay representatives of organizations such as a local bar association, the Y.M.C.A. and Salvation Army. The program, modeled after the "PROVE" program in Illinois, involves a mixture of caring and compassion with control and confrontation. Another source mentioned that one of the goals of the program is to keep children out of 51.437 Boards because they do not have a strong adolescent treatment program. The staff of the school is provided by the participating agencies and includes teachers, social workers, and mental health workers.[54]

54

Students are referred to the program through several community agencies and law enforcement authorities. The approximate 65 students range from 11 to 16 years of age and are classified as emotionally disturbed. Currently, the agencies' responsibilities have changed and DMH no longer funds the program but provides counseling.

In response to a concern raised in the early 1970's about disruptive adolescent behavior in schools, a formal interagency agreement was established among the Madison Public Schools, the Dane County 51.437 Board and the Dane County Juvenile Court through which a consortium was formed to serve adjudicated delinquents, those alleged to be delinquent, Children in Need of Protection and Supervision (CHIPS), and those alleged to be CHIPS.

The program operates in the Dane County Juvenile Detention Facility and the Shelter Care Facility. The continuum of services includes making special education or county social services available to the child who stays in the local school, allowing the child to attend the local school and participate in a day treatment program of one of the agencies, or by placing the child in a self-contained day treatment program located in the local school district.

Both the experience of Louisiana and Wisconsin illustrate that state level experience in interagency cooperation does not necessarily relate to local level interagency cooperation. Even though Louisiana was rather successful in interagency cooperation, this success did not carry over to local level cooperation. Similarly, lack of success in interagency cooperation on the state level in Wisconsin did not preclude successful local interagency arrangements such as STRIVE and the Madison Public School's Consortium.

IV. RESIDENTIAL PLACEMENT

The use of residential placement to provide handicapped children with an appropriate education presents a myriad of problems. In addition to the expense of residential placements, the procedure for making a residential placement for educational purposes is complicated in Louisiana and Wisconsin by the fact that an agency other than the SEA has responsibility for residential placement.

A. INDIANA

In Indiana, a perceived need for residential placement of unserved handicapped children illustrates the need for interagency coordination on both the state and local level. Factors contributing to this problem are the lack of funds in the state budget, lack of in-state programs for severely handicapped children, and each agency's objective of protecting its own turf.

Rule S-5 describes the procedure to be followed when a handicapped child is unable to participate in a local public school education program because of severity of his/her handicap and it is not economically feasible to establish a program for him/her.[55] The procedure involves a recommendation by the local school superintendent to the Division of Special Education, which, in turn, makes a final recommendation to the state superintendent. Denials of placement are appealable to the Commission on General Education.

The appeal procedures of Rule S-5 have been under review by the United States Office of Civil Rights (OCR). With the assurance that Rule S-5 will be changed to provide "due process" hearings for denials of private residential placement, DPI and the Commission on General Education were found to be in compliance with §504 regulations.[56]

Increasing requests for money from the state legislature for Rule S-5 placements were among various factors leading to the creation of an interagency legislative committee to study the expense of Rule S-5. A committee of DPI, DMH, and SBH representatives was required to report back to the legislature by October 1, 1982 with a plan for services for autistic persons, including an interagency cooperation agreement. No results have been reported.

---

55 Rule S-5, supra note 22.

56 See Ind. OCR Letter of Finding 7-21-82. In practice, one source pointed out that DPI usually finds "appropriate" placement within the state and the Commission is found to have a very active and powerful vote in the appeals of denials of requests for placement in special out-of-state schools. Furthermore, in the period between January 1, 1979 and August 3, 1982, there were two OCR findings of non-compliance with §504 regulations because of the failure by the school district, DPI, and the Commission to provide funds for private residential placements. See Ind. OCR Letters of Finding , 11-20-80 and 4-13-81.

B. LOUISIANA

In Louisiana, the DHHR, not the SEA, makes all residential placements.[57] The initial placement consideration occurs during the individualized education program decision. If residential placement is considered, all records are transmitted to the applicable Regional Review Committee (RRC) of the Office of Human Development (OHD), DMH. The RRC includes a representative from SSD#1 to insure that the child's educational needs are met, but it is the RRC that makes the placement decision.[58]

Although this procedure appears to provide coordination between DOE and DHHR to facilitate residential placements, it does not operate smoothly in practice. The availability of programs rather than the appropriateness of a program is given first priority; there is little regard for the least restrictive environment option; and the RRC is unable to compel placements.

Generally, OHD and the SSD#1 representative on the RRC seldom consider the least restrictive environment provisions of P.L. 94-142 and Louisiana law.[59] As a result, children receive the most restrictive placements rather than group homes or other less restrictive alternatives. A similar problem lies in the RRC's focus on availability rather than appropriateness of programming, thus limiting the options for a handicapped child and preventing implementation of the individual education program. The most serious problem with RRC placements is that RRC may recommend placements but has no enforcement mechanism to compel that agencies take the children. Although DOE may have an agreement or contract with a hospital or private facility, that body may refuse to admit the child.[60]

---

57 La. Regs., supra note 10, §497.

58 Id., §448.

59 Regs. §630.

60 In a recent case, an emotionally disturbed girl was refused admittance by the LEA. SSD#1's IEP, consistent with its tunnel vision perspective, recommended residential placement. RRC reviewed the case and recommended

C. WISCONSIN

Wisconsin is similar to Louisiana in that DHSS, rather than the SEA, makes all residential placements. This creates potential for conflict -- there are inconsistent criteria between DPI and DHSS regarding schools operated in facilities maintained by DHSS and there are different criteria for the determination by DPI and DHSS of a child's legal residence.

Another cause of concern is DPI's reluctance to attempt to place a handicapped child in a residential facility. DPI relies heavily on the local school districts' day programs instead of residential placements to meet the needs of emotionally disturbed children. As a result, many emotionally disturbed children ultimately enter juvenile correctional facilities.

V. BARRIERS AND FACILITATORS TO INTERAGENCY COOPERATION

A. BARRIERS

Barriers to local interagency cooperation in Indiana and Wisconsin include lack of pressure on the local level agencies from the state level, lack of guidance from the state level agencies, and budgetary concerns. Lack of coordination between state and local agencies is listed by LaCour as one of the more notable barriers to interagency agreement identified by the National Association of State Directors of Special Education.[61]

Failure to coordinate budgets with service mandates, which proved to be an obstacle in Indiana's residential placements, is also mentioned by LaCour as a barrier.[62] The problem of budgetary concerns is not

---

placement at a private residential facility. The facility refused to admit her because she was not retarded, and the LEA continued to refuse her because she is emotionally disturbed. The RRC cannot compel either body to take her.

61 LaCour, supra note 30 at 265.

62 Id., at 266.

unique to the states studied, however. Fiscal constraints have been found to be the primary obstacle to implementing P.L. 94-142's special education and related services mandate according to a December, 1982 report.[63]

LaCour also refers to lack of coordination among the agencies in setting priorities as a barrier. This was the case among correctional agencies and the SEA's in Indiana and Louisiana, and locally in Wisconsin. Similarly, the disparity in the goals of DPI and DHSS in Wisconsin, education versus treatment, was not conducive to successful cooperation. The consequences of disparate "mind sets" of agencies, according to one study, in addition to problems of communication, are that "power principles will dominate the struggle between agencies--each agency asserts that its own views are the "right" ones and should prevail.[64] This is consistent with the patterns observed in all three states.

Each of the states studied showed some factors which were unique to its particular experience. In Indiana, for example, significant problems in DPI's attempt to cooperate with SBH were the autonomy SBH had established and its desire to protect its own reputation. Lack of communication with DPW precluded successful cooperation there.

On the state level in Louisiana, problems in cooperating with DOC arose because of its lack of centralized authority. In Louisiana, DPI's ineffective monitoring was also cited as an obstacle to successful interagency cooperation.

In Wisconsin, on the state level, the most significant barriers cited were the problems between DPI and DHSS due to differences in their rank within the state government, not enough joint planning among the agencies, and distrust between the agencies.

63

Anne R. Wright, Rhonda Ann Cooperstein, Ellen Grogar Renneker, Christine Padilla, "Local Implementation of P.L. 94-142: Final Report of a Longitudinal Study," 102 (SRI International December 1982) [Hereinafter cited as Local Implementation of P.L. 94-142: Final Report].

64

"Note: Interagency Conflict: A Model for Analysis," 9 Georgia Journal of International and Comparative Law 241-285 (1979) [Hereinafter cited as Note: Interagency Conflict].

A problem common in all states at all levels was that effective cooperation was, to some extent, dependent upon the quality of the relationships of the individual staff involved.

B. FACILITATORS

Various facilitators to interagency cooperation played a role in the states we studied. Effective facilitators on the local level include the initiative and leadership of agency members as well as community involvement. Commitment and involvement of all agencies have been found to be requisites for successful interagency agreements.[65] Lloyd Tindall, in his discussion of interagency linkages for serving handicapped vocational students, points out that the leadership of one agency is crucial to a successful interagency linkage.[66]

Good public relations on the local level was considered an important facilitator in Indiana. On the state level, good working relationships and stong commitment to special education services among agency representatives were considered by some sources to be very beneficial to interagency coordination.

In Louisiana, several factors acted as facilitators to interagency cooperation on the state level. Among those mentioned were the centralization of responsibility in SSD#1 for providing services and DOE's and DHHR's comparable level in the state's infrastructure. Personnel exchange between agencies and one agency's education

---

65 Thomas and Reese, supra note 29 at 21.

66 Tindall, "Making Interagency Linkages Serve Handicapped Vocational Students," 3 Counterpoint 29-30 (November 1982).

of another were among the practices found to facilitate interagency cooperation and were also included in the means of overcoming barriers described by LaCour.[67]

General similarities can be found in the outcome of the implementation of P.L. 94-142's mandate in the states studied. Problems in cooperation with the correctional agencies were experienced in all of the states studied. The SEA's were cutting back on the on-site component of their review processes in spite of its proven effectiveness. In all of the states studied, the SEA experienced greater success in monitoring and overseeing LEAs than other public agencies.

C. PROPOSED SOLUTIONS

Various authors have offered solutions to the problems experienced in promoting interagency cooperation to facilitate the delivery of services to handicapped children. Some suggestions specifically relate to the development of successful interagency agreements. LaCour mentions the importance of pointing out a mutual benefit to the agencies becoming involved in an agreement.[68] The greater the vested interest each agency has in the agreement, the greater the likelihood for its success.[69]

Tindall, in his discussion of interagency linkages to serve handicapped vocational students, suggests that state level agency representatives become actively involved in helping local agencies develop agreements.[70] There should also be a continuous process of evaluating the interagency agreements to determine whether or not the agencies' collaborative efforts are having a

---

67 LaCour, supra note 30 at 266. SSD#1 has exchanged personnel with DHHR and educated its personnel. A common mindset between DOE and DHHR was created through personnel exchanges and increased awareness of the other agency's workings.

68 LaCour, supra note 30 at 266.

69 Tindall, supra note 69 at 29.

70 Id.

positive impact on handicapped children.[71] Both of these suggestions respond directly to some of the problems experienced in the states studied. From a more general perspective, though, one commentator expresses skepticism regarding the whole notion of the SEA assuming responsibility for assuring handicapped children a comprehensive program of services.[72]

Aside from the impact of problems directly related to the delivery of services to handicapped children, the large number of agencies involved in providing educational and related services complicates the development of interagency cooperation. As the Note on Interagency Conflict points out, with an increase in the number of agencies involved in a policy area, the potential for conflict is greater.[73] The lack of a single channel for communication for the various agency representatives and the greater difficulties in collecting and utilizing information are among the negative consequences cited.[74] While these problems exist in all three states studied, Wisconsin's experience, with its numerous local service providers, exemplified the potential for conflict particularly well.

According to Crosson, the main problem is that there is "currently no functioning organizational structure and management process within the nation's system of education and human services which enables and assures that the delivery of services to handicapped children is accomplished comprehensively and in a logically ordered, functionally interactive manner."[75]

This study, admittedly subjective in its normative approach to the topic, nonetheless reveals that interagency cooperation is an illusive yet vital objective. Where effective cooperation has occurred, a positive

---

71 Id. at 30.

72 Crosson, supra note 1 at 28.

73 Note: Interagency Conflict, supra note 65 at 277.

74 Id. at 243-246.

75 Crosson, supra note 1 at 28.

impact on services has resulted. Yet even in Louisiana, which possesses a highly developed interagency mandate, its effects are limited to some participating agencies, rather than governing the entire service structure.

VI. RECOMMENDATIONS

Interagency disputes manifest themselves at both the state level, through the planning and monitoring process, and at the local level, through the provision of direct services. On a state-wide level, absence of effective interagency cooperation generally produces either duplication of services or absence of services. With respect to individual handicapped children, absence of cooperation prevents any agency from developing a service plan to serve the whole child. Instead, services are fragmented and some needs go unaddressed. In sum, the absence of interagency cooperation is expensive and damaging to the quality of services which the state provides.

The following elements, at a minimum, were seen as being necessary to develop effective interagency cooperation:

1) Clear cut delineation of decision-making and financial responsibility;

2) Clear expression of support for the process by the participating agencies, and by any supervisory agencies or officials, e.g. the Governor;

3) Identification of specific individuals within each agency to act as liaisons, who possess the authority to commit the resources of their agency;

4) Continuing evaluation and identification of benefits for all participating agencies;

5) Mechanism for resolving disputes which minimizes confrontation and maximizes negotiation;

6) Effective means for imposing penalties for non-cooperation with the interagency structure;

7) Common agreement as to the criteria for determining who will be served and under what circumstances.

These elements could be incorporated into interagency cooperation models in a variety of ways. The following suggestions are not offered as an exhaustive list of interagency mechanisms, but rather for the purpose of illustrating some possibilities for interagency cooperation.

State-Level

1) All residential placement funding is consolidated in one agency, which makes placements based on general need, without regard to whether the placement is for educational, medical or other reasons. All agencies would have the right to refer children for placement. An appeal process would be available for children or participating agencies to challenge a placement denial.

2) Each agency retains jurisdiction to effect residential placements, but an interagency monitoring and appeals board could override the refusal by any one agency to approve a particular placement.

State/Local

3) An interagency panel defines criteria for determining the responsibilities of each agency as to different populations of children. This panel would also serve a dispute-resolution function when disagreements arise as to application of the criteria.

Local

4) An interagency case management team is created for all children who fall within the jurisdiction of several agencies. The case-management team would have responsibility for insuring that services were provided.

5) The various local agencies outer cooperative/contractual agreements to share staff/services and develop jointly-funded programs for children who overlap agency jurisdiction.

6) Direct-action statute is passed, allowing immediate appeal to state family or juvenile court systems when agreement is not possible.

VII. CONCLUSION

Interagency cooperation is a continuing process which requires constant attention and refining. Ideally, as cooperation improves, fewer "hard" cases should pose problems for the system. Ultimately, interagency cooperation holds out the promise of improving the quality of services, while reducing total costs. Unfortunately, without careful planning and substantial commitment by the agencies involved, interagency cooperation is little more than a mirage, which changes form to fit perceived needs but never materializes in reality.*

*The authors wish to express their appreciate to Malcolm C. Rich, Esq. and Ilze Sprudz, a third year law student, for their asssistance in preparing this paper.

GLOSSARY OF ACRONYMS

GENERAL

LEA	Local Educational Agency
M-Team	Multidisciplinary Team
OCR	United States Office for Civil Rights, Department of Education
SEA	State Educational Agency

INDIANA

COVOH	Council of Volunteers and Organizations for the Handicapped
CSPD	Indiana Comprehensive System of Personnel Development
DMH	Indiana Department of Mental Health
DOC	Indiana Department of Corrections
DPI	Indiana Department of Public Instruction
DPW	Indiana Department of Public Welfare
SBH	Indiana State Board of Health

LOUISIANA

BESE	Louisiana State Board of Elementary and Secondary Education
DHHR	Louisiana Department of Health and Human Resources
DMH	Louisiana Department of Mental Health
DOC	Louisiana Department of Corrections
DOE	Louisiana Department of Education
OH	Louisiana Office of Hospitals, Dept. of Mental Health
OHD	Louisiana Department of Human Development, Dept. of Mental Health
OMR	Louisiana Department of Mental Retardation, Dept. of Mental Health
OSE	Louisiana Office of Special Education
OVP	Louisiana Office of Vocational Programs
RRC	Louisiana Regional Review Committee
SSD#1	Louisiana Special School District No. 1
VT	Louisiana Vocational Technical Schools

WISCONSIN

BCPN	Wisconsin Bureau for Children with Exceptional Needs, Division for Handicapped Children
BEC	Bureau for Exceptional Children, Division for Handicapped Children
CESA	Cooperative Educational Service Agency
CHCEB	County Handicapped Children's Education Board
DHC	Wisconsin Division for Handicapped Children, Department of Public Instruction
DHSS	Wisconsin Department of Health and Social Services
DPI	Wisconsin Department of Public Instruction
DVR	Division of Vocational Rehabilitation, Department of Health and Social Services
EEN	Exceptional Educational Needs
STRIVE	Sheboygan Area Treatment for Reintegration Through Involvement in Vocation and Education
WSD	Wisconsin School for the Deaf and Educational Service Center for the Hearing Impaired, Division for Handicapped Children
WSVH	Wisconsin School for the Visually Handicapped and Educational Service Center for the Visually Impaired, Division for Handicapped Children